

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

20 F STREET, NW

SUITE 310 C

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20001-6704

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325936

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DR. DOUGLAS J. MATHISEN

Signature of Treasurer

DR. DOUGLAS J. MATHISEN

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		52404.84
(b) Cash on Hand at Beginning of Reporting Period.....	64971.49	
(c) Total Receipts (from Line 19) .....	13590.00	118138.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78561.49	170542.84
7. Total Disbursements (from Line 31) .....	2591.12	94572.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	75970.37	75970.37
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 16 2014

To:

M M / D D / Y Y Y Y  
11 24 2014

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

11615.00

101800.00

(ii) Unitemized .....

1975.00

16338.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

13590.00

118138.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

13590.00

118138.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

13590.00

118138.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

13590.00

118138.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	591.12	5472.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	591.12	5472.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	89000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	100.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2591.12	94572.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2591.12	94572.47

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13590.00	118138.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13590.00	118038.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	591.12	5472.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	591.12	5472.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. E.J. CHAUVIN**

Mailing Address 10 WEST DOVER DRIVE

City State Zip Code  
 ROGERS AR 72758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MERCY NORTHWEST ARKANSAS

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

Transaction ID : SA11AI.5629

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. JACK COPELAND**

Mailing Address 648 LOS ALTOS DRIVE

City State Zip Code  
 REDLANDS CA 92373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 05 / 2014

Transaction ID : SA11AI.5645

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. JOSEPH DEARANI**

Mailing Address 200 1ST STREET SOUTHWEST

City State Zip Code  
 ROCHESTER MN 55905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MAYO CLINIC

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 24 / 2014

Transaction ID : SA11AI.5601

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. EMERY C. DOUVILLE**

Mailing Address 5528 SOUTHWEST HAMILTON STREET

City State Zip Code  
 PORTLAND OR 97221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 PROVIDENCE HEALTH

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 27 2014

Transaction ID : SA11AI.5599

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR. ROBERT C. KING**

Mailing Address 5858 CRYSTAL SPRINGS DRIVE

City State Zip Code  
 BAINBRIDGE ISLAND AA 98110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 HARRISON MEDICAL CENTER

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 05 2014

Transaction ID : SA11AI.5648

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. MARVIN M. KIRSCH**

Mailing Address 510 RAILWAY AVENUE

City State Zip Code  
 CAMPBELL CA 95008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 24 2014

Transaction ID : SA11AI.5631

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. HOPE S. KUEHNER**

Mailing Address 9802 COUNTY ROAD Y

City State Zip Code  
 MARSHFIELD WI 54449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARSHFIELD CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

Transaction ID : SA11AI.5633

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. AIDAN A. RANEY**

Mailing Address 447 OLD NEWPORT BOULEVARD

City State Zip Code  
 NEWPORT BEACH CA 92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 29 / 2014

Transaction ID : SA11AI.5620

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. ROBERT J. ROBISON**

Mailing Address 95 SMITH LANE

City State Zip Code  
 ZIONSVILLE IN 46077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CORVASC MDS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.5621

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. DR. FILIBERTO RODRIGUEZ-SALINAS**

Mailing Address 500 RIDGE ROAD

City State Zip Code  
 MCALLEN TX 78503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MCALLEN HEART SURGEONS

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 13 / 2014

Transaction ID : SA11AI.5651

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. DR. GUILLERMO SANABRIA**

Mailing Address 6421 BORASCO DRIVE

City State Zip Code  
 MELBOURNE FL 32940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WUESTHOFF HEALTH SYSTEMS

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 19 / 2014

Transaction ID : SA11AI.5657

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. DR. JAMES SCHARFF**

Mailing Address 6821 PERSHING AVENUE

City State Zip Code  
 ST. LOUIS MO 63130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CV&T SURGERY, LLC

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 19 / 2014

Transaction ID : SA11AI.5659

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. KUPPE G. SHANKAR**

Mailing Address 3811 WINDING CREEK ROAD

City State Zip Code  
 SACRAMENTO CA 95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

Transaction ID : SA11AI.5636

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR. JOHN SHERWOOD**

Mailing Address 7109 HILLWOOD COURT

City State Zip Code  
 SPOTSYLVANIA VA 22553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARY WASHINGTON HEALTHCARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 04 / 2014

Transaction ID : SA11AI.5643

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR. DONATO SISTO**

Mailing Address 333 BORTHWICK AVENUE

City State Zip Code  
 PORTSMOUTH NH 03801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COASTAL CT ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 24 / 2014

Transaction ID : SA11AI.5607

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. J. NILAS YOUNG**

Mailing Address 2221 STOCKTON BOULEVARD

City State Zip Code  
 SACRAMENTO CA 95817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UC DAVIS MEDICAL CENTER

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 14 2014

Transaction ID : SA11AI.5667

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. ANOAR ZACHARIAS**

Mailing Address 5644 GOLF CREEK DRIVE

City State Zip Code  
 TOLEDO OH 43623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 24 2014

Transaction ID : SA11AI.5640

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

11615.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX      State AZ      Zip Code 85072

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2014
**Transaction ID : SB21B.5670**

Amount of Each Disbursement this Period

121.88

Full Name (Last, First, Middle Initial)

**B. AUTHORIZE.NET**

Mailing Address P.O. BOX 8999

City SAN FRANCISCO      State CA      Zip Code 94128

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2014
**Transaction ID : SB21B.5671**

Amount of Each Disbursement this Period

25.48

Full Name (Last, First, Middle Initial)

**C. MERCHANT SERVICES**

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE      State TN      Zip Code 37920

Purpose of Disbursement  
CREDIT CARDS FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014
**Transaction ID : SB21B.5672**

Amount of Each Disbursement this Period

66.95

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

214.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MERCHANT SERVICES**

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE      State TN      Zip Code 37920

Purpose of Disbursement  
CREDIT CARDS FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2014
**Transaction ID : SB21B.5669**

Amount of Each Disbursement this Period

136.50

Full Name (Last, First, Middle Initial)

**B. SUNTRUST BANK**

Mailing Address 3440 WISCONSIN AVENUE, NW

City WASHINGTON      State DC      Zip Code 20016

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2014
**Transaction ID : SB21B.5589**

Amount of Each Disbursement this Period

120.74

Full Name (Last, First, Middle Initial)

**C. SUNTRUST BANK**

Mailing Address 3440 WISCONSIN AVENUE, NW

City WASHINGTON      State DC      Zip Code 20016

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2014
**Transaction ID : SB21B.5668**

Amount of Each Disbursement this Period

119.57

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

376.81

591.12

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRENCH HILL FOR ARKANSAS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Mailing Address P.O. BOX 7841

City	State	Zip Code
LITTLE ROCK	AR	72217

**Transaction ID : SB23.5590**Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JAMES FRENCH HILL**Category/  
Type

Amount of Each Disbursement this Period

1000.00
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Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AR	District: 02	

Full Name (Last, First, Middle Initial)

**B. JEFF MERKLEY FOR OREGON**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Mailing Address P.O. BOX 14172

City	State	Zip Code
PORTLAND	OR	97293

**Transaction ID : SB23.5594**Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JEFFREY A. MERKLEY**Category/  
Type

Amount of Each Disbursement this Period

1000.00
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Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OR	District: 00	

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

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Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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2000.00
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